



ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA NOTICE OF RETIREMENT FORM

Jurisdiction/County Date of Hire Termination Date Unused Leave (if allowed by Plan)

☐ Male ☐ Female

Participant's Name Social Security No. Date of Birth

Street Address or P. O. Box City State Zip

E-Mail Address: _____

Effective Date of Benefit: _____ Monthly Benefit Amount: \$ _____

SECTION 1. ELECTION OF PAYMENT

(PLEASE NOTE THAT RETIREMENT BENEFIT PAYMENTS WILL BE REMITTED VIA ACH/DIRECT DEPOSIT ONLY. PLEASE COMPLETE THE ATTACHED DIRECT DEPOSIT FORM.)

() Life Only (No monthly benefit to a survivor)

() 10 Year Certain & Life () 5 Year Certain & Life *(if available under Plan)*

Monthly benefit guaranteed for life to participant but if participant dies before the 10 or 5 years end, the monthly benefit will be paid for the remainder of the period to the beneficiary(ies) in Section 3 below.

() Contingent/Survivor Payment Option that is available under the Plan. Lifetime monthly benefit to participant and to survivor.
(Section 2 below must be completed):

_____ 100% Joint & Survivor _____ 75% Joint & Survivor _____ 50% Joint & Survivor _____ 66-2/3% Joint & Survivor

() Pop-Up Payment Option *(only available if a Contingent/Survivor payment option is chosen)*. If the contingent/survivor payee below dies before the participant dies, the monthly benefit will change to the Normal Form of Payment under the Plan.

() Lump Sum *(if option is available under plan)*. Lump Sum Payment Form must accompany this form and Eligible Rollover Notice must be given to participant.

SECTION 2. CONTINGENT/SURVIVOR PAYEE INFORMATION *(For Joint & Survivor Options)*

If a Contingent/Survivor payee has been elected in Section 1 provide the survivor payee information below:

Name _____ Relationship _____

Address _____

Social Security No. _____ Date of Birth _____ () Male () Female

SECTION 3. DESIGNATION OF BENEFICIARY

The beneficiary(ies) below will receive any death benefit payable under the Plan that is not a Contingent/Survivor benefit:

1. Primary Beneficiary

Name _____

Relationship _____ % _____

Social Security No. _____

2. Primary Beneficiary

Name _____

Relationship _____ % _____

Social Security No. _____

1. Contingent Beneficiary – If primary beneficiary(ies) is/are deceased

Name _____

Relationship _____ % _____

Social Security No. _____

2. Contingent Beneficiary – If primary beneficiary(ies) is/are deceased

Name _____

Relationship _____ % _____

Social Security No. _____



ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA NOTICE OF RETIREMENT FORM

TO PLAN ADMINISTRATOR:

I hereby request the payment of benefits as indicated on the preceding page. I acknowledge that I understand the conditions with respect to these payments. I understand that once the initial benefit is processed and I have accepted the first payment by check or direct deposit, the benefit payment option chosen in Section 1 cannot be changed. I also understand the beneficiary elections made on this form supersede any previous beneficiary information on file in the office of the Administrator or the Jurisdiction.

Signature of Participant

Date

NOTICE TO JURISDICTION/COUNTY

Before benefit payments commence, the date of birth of the participant (and the Survivor in Section 2, if completed) must be verified. Acceptable types of verification are Certified Birth Certificates, Official Baptismal Certificates that show the date of birth, and certified school age records. If none of these documents are available, your signature below acknowledges that you have examined some sort of birth date verification for the participant (and survivor, if applicable) that is acceptable to you as the current or previous employer of the participant.

Also, to determine final benefits it is important that all data for participants during their employment be on file in the office of the Plan Administrator. Therefore, we ask that the information below be provided if it has not been submitted to ACCG Retirement Services. In the event it is determined we do not have sufficient information to determine a participant's final benefit, payments may be delayed until we obtain the required data from your office.

Contribution Data (If applicable and only required if data has not been submitted to ACCG Retirement Services)

Participant's Contributions:

Total for Current Year _____ \$ _____

Total for Last Calendar Year _____ \$ _____

CONTRIBUTION DATA THAT IS CURRENTLY ON FILE IN THE OFFICE OF THE ADMINISTRATOR WILL BE USED FOR FINAL BENEFITS. IF YOU HAVE REASON TO BELIEVE THE DATA PREVIOUSLY SENT TO THE ADMINISTRATOR MAY BE IN ERROR, PLEASE CONTACT THE OFFICE OF THE ADMINISTRATOR.

Compensation Data (only applicable if data has not been submitted to ACCG Retirement Services)

Current YTD Earnings to Retirement/Termination Date: _____ \$ _____

Total for Last Calendar Year _____ \$ _____

EARNINGS INFORMATION THAT IS CURRENTLY ON FILE IN THE OFFICE OF THE ADMINISTRATOR WILL BE USED FOR FINAL BENEFITS. IF YOU HAVE REASON TO BELIEVE THE EARNINGS INFORMATION PREVIOUSLY SENT TO THE ADMINISTRATOR MAY BE IN ERROR, PLEASE CONTACT THE OFFICE OF THE ADMINISTRATOR.

I hereby certify that the information provided is complete and accurate. As the Plan Administrator, ACCG Retirement Services is hereby authorized to pay retirement benefits to the Participant based on the information provided in this form.

Jurisdiction/County Authorized Signature _____

Jurisdiction/County Authorized Signature _____

Title _____ Date _____



IMPORTANT NOTICE Bona Fide Termination Form

At the time of your retirement or termination of employment, both you and the Jurisdiction must intend that your separation from service be permanent and there is no intent for you to return to employment with the Jurisdiction, in any capacity, in order for you to receive a distribution from your retirement plan.

According to IRS rules, if you are planning to retire or terminate employment, you cannot discuss reemployment with anyone at the Jurisdiction prior to your retirement, whether it be for part time or temporary work or as an independent contractor, if you are doing so in order to facilitate a distribution from the retirement plan that would not otherwise be available to you. [Note that some plans do allow for benefit commencement and continued employment AFTER Normal Retirement Age. Please contact your plan administrator for details.] This would be considered by the IRS to be a sham retirement or termination of employment and could jeopardize the tax qualified status of the entire retirement plan.

If you do return to work with the Jurisdiction after having terminated employment or retired and received or started receiving pension payments, your return to work must be caused by exigent circumstances that were not anticipated at the time you terminated employment.

If you return to work with the Jurisdiction and a determination is made by the plan administrator that you retired with the intent to return and in order to facilitate a plan distribution not otherwise available to you, any ongoing pension payments will be automatically suspended and you may be required to reimburse the plan for the amounts received in violation of IRS rules.

I have read this IMPORTANT NOTICE and understand and acknowledge that I am not eligible to receive any retirement plan payments if I intend to return to employment with the Jurisdiction in any capacity.

Print Name

Signature

Date

Jurisdiction approval

Print name and title

ACCG Retirement Services

Direct Deposit Form

Have your monthly pension checks deposited automatically on the 1st of every month!

You could have access to your monthly pension check sooner – without ever having to go to the bank – by signing up for direct deposit.

Direct deposit places your pension check into your account on the 1st of the month – even earlier if the 1st happens to fall on a weekend or holiday.

The transaction is safe and secure. And it takes just 5 minutes to sign up and complete the steps (below).

PAYEE INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Prior Employer (county name or other jurisdiction) _____

Social Security Number: - -

DIRECT DEPOSIT INFORMATION

Bank Name _____

Please deposit to my: ☐ Checking Account ☐ Savings Account

Routing number _____ Account number _____

OR: Please attach a voided check from your checking account or a deposit slip for your savings account

_____ DOLLARS	
Your Bank Name	
MEMO _____	
123456789	0000987654321
1001	
Routing number	Account number

DIRECT DEPOSIT AUTHORIZATION

Signature: _____

Date: _____

Signature of Spouse or Other (required for joint accounts): _____

I hereby authorize the Administrator of the Pension Trust to initiate credit entries to my account indicated above for amounts due to me as a payee under the pension plan from which I receive benefits. The above-named Depository is to credit the same to such account. If an amount is credited in error to such account, including but not limited to by reason of my death prior to the date on which any payment shall become due, I authorize the Administrator of the Pension Trust to direct the Depository to make the appropriate debit adjustment.

To: ACCG Retirement Services
Attn: Defined Benefit Department
12195 Hwy. 92, Suite 114-392, Woodstock, Georgia 30188
Phone (770) 952-5225 or (800) 736-7166

Enroll by the 15th of the month, and your first direct deposit will appear on the 1st day of the next month. If that day happens to be a weekend or bank holiday, your pension check will be deposited on the last business day before the 1st of the month!



**STATE AND FEDERAL
WITHHOLDING CERTIFICATE FOR MONTHLY PENSION PAYMENTS**

Type or Print Full Name _____ Social Security No.: _____

Mailing Address: _____ Day Time Phone No. _____
(Include Area Code)

City _____ State _____ Zip _____
Name of Former Employer: _____

COMPLETE ONLY ONE OF THE FOLLOWING SECTIONS – Please sign and date the form below.
SECTION I

- A) I elect **NOT** to have Georgia income tax withheld from my monthly pension payment _____
- B) I elect **NOT** to have Federal income tax withheld from my monthly pension payment. _____

SECTION II

I want my withholding from my monthly pension payment to be figured using the number of allowances and marital status shown below:

GEORGIA STATE TAX

STATUS

Married filing joint one working _____
Married filing joint both working _____
Married filing separate _____
Single _____
Head of Household _____
Plus an Additional Amount of:
\$ _____

**NUMBER OF
EXEMPTIONS**

FEDERAL

Single _____
Married _____
Married but withhold at Single Rate _____
Plus an Additional Amount of:
\$ _____

SECTION III

I want **ONLY** a flat dollar amount or % withheld from each monthly payment.

GEORGIA STATE TAX: \$ _____ or _____ %
(must be in even multiples of \$5.00)

FEDERAL TAX: \$ _____ or _____ %

SIGNATURE _____ **DATE** _____

Return completed form to:

ACCG Retirement Services Attn: Defined Benefit Department, 12195 Hwy. 92, Suite 114-392, Woodstock, GA 30188

Phone (770) 952-5225 or (800) 736-7166